



NOTICE OF APPEAL

PATENT

File No. A32130 072396.0162

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED

In re Application of : Aldo T. Iacono

Serial No. : 09/244,792 Examiner : Travers, R.

Filed : February 5, 1999 Group : 1614

For : USE OF AEROSOLIZED CYCLOSPORINE FOR PREVENTION
AND TREATMENT OF PULMONARY DISEASE

OCT 18 2000
TECH CENTER 1600/2900

NOTICE OF APPEAL FROM PRIMARY EXAMINER TO
THE BOARD OF PATENT APPEALS AND INTERFERENCES

Assistant Commissioner for Patents
Washington, DC 20231

119
SHP
10/20/00

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Primary Examiner, mailed April 10, 2000 finally rejecting claims 19-47.

The items checked below are appropriate:

1. STATUS OF APPLICANT

This application is on behalf of

other than a small entity

small entity

Verified statement

10/16/2000 EHAMOND 00000020 09244792

155.00 ~~OP~~ attached

445.00 ~~OP~~

[X] already filed on May 14, 1999

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on October 10, 2000.

Date of Deposit

Carmella L. Stephens

Attorney Name

Carmella L. Stephens

Signature

41,328

Registration No.

October 10, 2000

Date of Signature

2. FEE FOR FILING NOTICE OF APPEAL

Pursuant to 37 C.F.R. 1.17(e) the fee for filing the Notice of Appeal is

<input checked="" type="checkbox"/> small entity	\$ 155.00
<input type="checkbox"/> other than a small entity	\$ 310.00

Notice of Appeal Fee due \$155.00

3. EXTENSION OF TERM

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

(a)[X] Applicant petitions for an extension of time under 37 CFR 1.136 (check below the total number of months of extension requested):

	Extension (months)	Fee for other than small entity	Fee for small entity	
[]	one month	\$110.00	\$ 55.00	
[]	two months	390.00	195.00	
[X]	three months	890.00	445.00	
[]	four months	1,390.00	695.00	

Fee \$445.00

(check and complete the next item, if applicable)

[] An extension for _ months has already been secured and the fee paid therefor of \$ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _

or

(b)[X] In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

4. TOTAL FEE DUE

The total fee due is

Notice of Appeal fee \$155.00

Extension fee (if any) \$ 445.00

TOTAL FEE DUE \$ 600.00

5. FEE PAYMENT

[X] Attached is a check in the sum of \$ 600.00.

[] Charge Deposit Account No. 02-4377 the sum of \$.

6. FEE DEFICIENCY

[X] The Commissioner is hereby authorized to charge payment of any additional fees required associated with this communication to Deposit Account No. 02-4377. Two copies of this sheet are provided for this purpose.

Respectfully submitted,

Carmella L. Stephens
Rochelle K. Seide
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Enclosure(s)